U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

# ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

		SECTION A - PROP	<b>ERTY INF</b>	ORMATION			mpany, and (3) building ov
A1. Building Owner's Name				FOR II	FOR INSURANCE COMPANY I		
Edward Magil						Policy	Number:
Box No.	Street Address	s (including Apt., Unit	, Suite, an	d/or Bldg. No.) or P.	O. Route and	10	12. 10.0000
3106 Monmouth Avenue			Compa	ny NAIC Number:			
City				State		710.0	
	H OF LONGP			New Jorgan		ZIP Cod 08403	de
Block 77 Lot	Description (Li	ot and Block Numbers	s, Tax Par	cel Number, Legal D	Description, etc.)		
A4. Building U	se (e.g., Resi	dential, Non-Residen	tial, Additio	on, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longitude: Lat. 39.32023			Horizontal Datus	otal Datum: 🗔 NAS 1000			
A6. Attach at le	east 2 photogr	aphs of the building i	f the Certif	ficate is being used t	_ nonzoniai Dalui	m:   NA	D 1927 X NAD 1983
A7. Building Dia	agram Numbe	er 7		reacts to being used t	.o obtain flood insur	ance.	
		vlspace or enclosure(	(e)·				
a) Square f	footage of cra	wlspace or enclosure		1044			
				1,241 sq ft			
c) Total net	area of flood	flood openings in the openings in A8.b	crawispad	ce or enclosure(s) w	ithin 1.0 foot above	adjacent	grade 11
			2,200	sq in			
	ed flood open	ings? 🛛 Yes 🗌	No				
A9. For a building	g with an attac	ched garage:					
				sa ft			
a) Square fo	otage of attac	ched garage	0 ,				
<ul><li>a) Square fo</li><li>b) Number o</li></ul>	ootage of attac of permanent f	ched garage	0 sattached g	arage within 1.0 foo	t above adjacent gr	rade	0
<ul><li>a) Square fo</li><li>b) Number o</li><li>c) Total net a</li></ul>	ootage of attac of permanent f area of flood o	ched garagelood openings in the appenings in A9.b	0 sattached g		t above adjacent gr	rade	0
<ul><li>a) Square fo</li><li>b) Number o</li></ul>	ootage of attac of permanent f area of flood o	ched garagelood openings in the penings in A9.b	0 sattached g	arage within 1.0 foo	t above adjacent gr	rade	0
<ul><li>a) Square fo</li><li>b) Number o</li><li>c) Total net a</li></ul>	ootage of attace of permanent f area of flood o od flood openin	ched garagelood openings in the appenings in A9.b	0 sattached g	arage within 1.0 foo sq in	ž.	1,	0
<ul><li>a) Square fo</li><li>b) Number o</li><li>c) Total net a</li><li>d) Engineere</li></ul>	ootage of attace of permanent for area of flood o od flood opening	ched garage	o sattached g O No	arage within 1.0 foo sq in NCE RATE MAP (F	ž.	1,	0
<ul><li>a) Square fo</li><li>b) Number o</li><li>c) Total net a</li><li>d) Engineere</li></ul>	ootage of attace of permanent for area of flood o od flood opening SE nity Name & O	ched garage  lood openings in the appenings in A9.b  mgs?	o sattached g 0 No	sq in  NCE RATE MAP (F B2. County Name	IRM) INFORMAT	1,	B3. State
a) Square fo b) Number o c) Total net a d) Engineere  1. NFIP Commur OROUGH OF LO	ootage of attace of permanent for area of flood of ord flood opening SE nity Name & CONGPORT 8	ched garage	o sattached g 0 No	sq in  NCE RATE MAP (F B2. County Name ATLANTIC COUNT	IRM) INFORMAT	1,000	
a) Square fo b) Number o c) Total net a d) Engineere  1. NFIP Commur	ootage of attace of permanent for area of flood o od flood opening SE nity Name & O	ched garage  lood openings in the appenings in A9.b  mgs?	attached g 0 No INSURAN	sq in  NCE RATE MAP (F B2. County Name ATLANTIC COUNT	IRM) INFORMAT	ION B9. Bas	B3. State New Jersey e Flood Elevation(s)
a) Square fo b) Number o c) Total net a d) Engineere  1. NFIP Commur OROUGH OF LO	ootage of attace of permanent for area of flood of ord flood opening SE nity Name & CONGPORT 8	ched garage  lood openings in the appenings in A9.b  ngs? Yes X  CCTION B – FLOOD  community Number 3 345302  B6. FIRM Index Date	attached g 0 No INSURAN	sq in  NCE RATE MAP (F B2. County Name ATLANTIC COUNT  RM Panel ective/ rised Date	Y  88. Flood Zone(s)	B9. Bas	B3. State New Jersey e Flood Elevation(s) le AO. use Base
a) Square fo b) Number o c) Total net a d) Engineere  1. NFIP Commun OROUGH OF LO Map/Panel Number	ootage of attace of permanent for area of flood opening  SE  nity Name & CONGPORT & 8  B5. Suffix	ched garage	attached g 0 No INSURAN	sq in  NCE RATE MAP (F B2. County Name ATLANTIC COUNT  RM Panel ective/ rised Date	FIRM) INFORMAT	B9. Bas	B3. State New Jersey e Flood Elevation(s)
a) Square fo b) Number o c) Total net a d) Engineere  1. NFIP Commur OROUGH OF LO Map/Panel Number 302/0001	ootage of attack of permanent for area of flood opening SE ONGPORT 8 B5. Suffix B	ched garage	attached g 0 No INSURAN B7. FIR Effe Rev 08/15/1	NCE RATE MAP (F B2. County Name ATLANTIC COUNT RM Panel ective/ rised Date 983	Y  88. Flood Zone(s)  8**	B9. Bas (Zor Floo 10**	B3. State New Jersey e Flood Elevation(s) le AO. use Base
a) Square for b) Number or c) Total net and d) Engineere 1. NFIP Commun OROUGH OF LO Map/Panel Number 302/0001	ootage of attace of permanent for area of flood opening  SE  DITY Name & CONGPORT &  B5. Suffix  B  Ource of the B	ched garage  lood openings in the appenings in A9.b  ngs? Yes X  CCTION B – FLOOD  community Number 3 345302  B6. FIRM Index Date	O sattached g O No INSURAN B7. FIR Effe Rev 08/15/1	sq in  NCE RATE MAP (F B2. County Name ATLANTIC COUNT  RM Panel Sective/ vised Date 983  A Or base flood depth	Y  88. Flood Zone(s)  8**	B9. Bas (Zor Floo 10**	B3. State New Jersey e Flood Elevation(s) le AO. use Base
a) Square for b) Number or c) Total net and d) Engineere  1. NFIP CommunoROUGH OF LO  Map/Panel Number  302/0001  0. Indicate the so the solution of the solut	ootage of attace of permanent o	ched garage	attached g 0 No INSURAN B7. FIR Effe Rev 08/15/1	SQ in  NCE RATE MAP (F B2. County Name ATLANTIC COUNT RM Panel ective/ rised Date 983  a or base flood depth Other/Source:	PIRM) INFORMATORY  38. Flood Zone(s)  8**  The entered in Item B9  1988    Other/	B9. Bas (Zor Floo 10**	B3. State New Jersey e Flood Elevation(s) e AO, use Base d Depth)
a) Square for b) Number or c) Total net and d) Engineere  1. NFIP CommunoROUGH OF LO  Map/Panel Number  302/0001  0. Indicate the so the solution of the solut	ootage of attace of permanent o	ched garage	attached g 0 No INSURAN B7. FIR Effe Rev 08/15/1	SQ in  NCE RATE MAP (F B2. County Name ATLANTIC COUNT RM Panel ective/ rised Date 983  a or base flood depth Other/Source:	PIRM) INFORMATORY  38. Flood Zone(s)  8**  The entered in Item B9  1988    Other/	B9. Bas (Zor Floo 10**	B3. State New Jersey e Flood Elevation(s) le AO. use Base

FEMA Form 086 0 33 (7/15)

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In the second			Expiration Date: November 30, 201
IMPORTANT: In these spaces, copy the corresponding Street Address (including	FOR INSURANCE COMPANY US		
Building Street Address (including Apt., Unit, Suite, 3106 Monmouth Avenue	and/or Bldg. No.) or P.O	. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
BOROUGH OF LONGPORT	New Jersey	08403	* 0. 5.000000000000
SECTION C - BUILDIN	IG ELEVATION INFOR	MATION (SURVEY R	EQUIRED)
*A new Elevation Certificate will be required w	hen construction of the b	Building Under Construuilding is complete.	
C2. Elevations – Zones A1–A30, AE, AH, A (with E Complete Items C2.a–h below according to the	BFE), VE, V1-V30, V (wi e building diagram specil	th BFE), AR, AR/A, AR/ fied in Item A7. In Puert	AE, AR/A1-A30, AR/AH, AR/AO. o Rico only, enter meters.
Benchmark Utilized: private	Vertical Dat	rum: NGVD29	
Indicate elevation datum used for the elevation	is in items a) through h) t	pelow.	
⊠ NGVD 1929 ☐ NAVD 1988 ☐ O	ther/Source:		
Datum used for building elevations must be the	same as that used for the	ne BFE.	
a) Top of bottom floor (including basement, cra	awlanges or analysis a	> 6.3	Check the measurement used.
	awispace, or enclosure the		X feet  meters
b) Top of the next higher floor		13. 4	X feet  meters
c) Bottom of the lowest horizontal structural me	ember (V Zones only)	N/A	X feet  meters
d) Attached garage (top of slab)		N/A.	X feet  meters
<ul> <li>e) Lowest elevation of machinery or equipment (Describe type of equipment and location in</li> </ul>	t servicing the building Comments)	10. 6	X feet meters
f) Lowest adjacent (finished) grade next to buil	ding (LAG)	6.0	X feet  meters
g) Highest adjacent (finished) grade next to bui	27 A 6	6.3	
	5. 3. 5.		X feet meters
Lowest adjacent grade at lowest elevation of structural support	deck or stairs, including	<u>5</u> . 9	X feet meters
SECTION D - SURVEY	OR, ENGINEER, OR A	RCHITECT CERTIFIC	ATION
his certification is to be signed and sealed by a land certify that the information on this Certificate repress tatement may be punishable by fine or imprisonmen	I surveyor, engineer, or a ents my best efforts to int t under 18 U.S. Code, Se	rchitect authorized by laterpret the data available	aw to certify elevation information. e. I understand that any false
Vere latitude and longitude in Section A provided by	a licensed land surveyor	? XYes No	★ Check here if attachments.
ertifier's Name aul M. Koelling, PLS, CFM	License Number NJ24GS 04328800		
itle censed Land Surveyor			
ompany Name			Place
aul Koelling & Associates, LLC NJ C.O.A. No. 24G	6A28256300		Seal
l61 Shore Road			Here
ty	State	ZIP Code	
nwood	New Jersey	08221	
gnature	Date 05/09/2017	Telephone (609) 927-0279	
py all pages of this Elevation Certificate and all attachr	ments for (1) community o	fficial, (2) insurance age	nt/company, and (3) building owner.
mments (including type of equipment and location, p 3b.) Smart Vents Model #1540-510 engineered for 2 8 & B9.) FEMA Pre-FIRM Zone "AE"Base Flood C2a.) crawlspace enclosure	per C2(e), if applicable) 00 square inches of net a Elevation 9 ft. (NAVD88)	area each converted = 10.3 ft. (N	GVD29)
C2e.) exterior air unit elevation = 13.5 Ductwork ctical Outlets Elevation = 14.2	Elevation = 10.6 Inter	ior Electrical Outlets Ele	evation = 12.5 Exterior

### **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresp	onding information f	rom Section A.		RANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, 3106 Monmouth Avenue	and/or Bldg. No.) or P	O. Route and Box No	D. Policy Num	
City BOROUGH OF LONGPORT	State New Jersey	ZIP Code 08403	Company N	NAIC Number
SECTION E – BUILDING FOR Z	ELEVATION INFOR ONE AO AND ZONE	MATION (SURVEY I	NOT REQUIRED	))
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, us enter meters.  E1. Provide elevation information for the following a	s E1–E5. If the Certifica se natural grade, if ava	ate is intended to suppilable. Check the mea	surement used. Ir	Puerto Rico only,
the highest adjacent grade (HAG) and the lower a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is			eters 🗌 above	or below the HAG.
<ul><li>E2. For Building Diagrams 6–9 with permanent floor the next higher floor (elevation C2.b in the diagrams) of the building is</li><li>E3. Attached garage (top of slab) is</li></ul>	d openings provided in		eters 🗌 above	or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		feet me	eters  above	or below the HAG.
	No Unknown	. The local official mu	ist certify this info	rmation in Section G.
SECTION F - PROPERTY ON	NNER (OR OWNER'S	REPRESENTATIVE)	CERTIFICATION	I
The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.	The statements in Sec	ections A, B, and E for tions A, B, and E are o	Zone A (without a correct to the best	a FEMA-issued or t of my knowledge.
Property Owner or Owner's Authorized Representativ	e's Name			
Address	City		State	ZIP Code
Signature	Date		Telephone	
Comments			<del></del>	
				ē
			Check I	nere if attachments.

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the	corresponding information f	rom Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Un 3106 Monmouth Avenue	it, Suite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:
City BOROUGH OF LONGPORT	State New Jersey	ZIP Code 08403	Company NAIC Number
SEC	CTION G - COMMUNITY INFO	ORMATION (OPTIONAL)	
The local official who is authorized by law of Sections A, B, C (or E), and G of this Elevaused in Items G8–G10. In Puerto Rico only	HION CERTIFICATE COMPLETE the	community's floodplain mar applicable item(s) and sign	nagement ordinance can complete below. Check the measurement
G1. The information in Section C was engineer, or architect who is auth data in the Comments area below	Offized by law to certify elevation	on that has been signed an on information. (Indicate the	d sealed by a licensed surveyor, source and date of the elevation
G2. A community official completed S or Zone AO.	ection E for a building located	in Zone A (without a FEMA	-issued or community-issued BFE)
G3. The following information (Items C	34-G10) is provided for commi	unity floodplain manageme	nt purposes.
G4. Permit Number	G5. Date Permit Issued	G6. Da	ate Certificate of ompliance/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction ☐ Sub	estantial Improvement	
G8. Elevation of as-built lowest floor (includ of the building:	ing basement)	feet [	meters
G9. BFE or (in Zone AO) depth of flooding a	at the building site:		meters Datum
G10. Community's design flood elevation:	-	feet [	meters Datum
Local Official's Name	Title	Э	
Community Name	Tele	ephone	
Signature	Date	9 ,	
Comments (including type of equipment and lo	ocation, per C2(e), if applicable	9)	
			Check here if attachments.

## **Building Photographs**

	See Instructions for Item A6.		
Building Street Address (inclu 3106 Monmouth Ave	ding Apt., Unit, Suite, and/or Bldg.) No. or P.0 <b>nue</b>	O. Route and Box No.	Policy Number
City Longport	State New Jersey	ZIP Code <b>08403</b>	Company NAIC Number

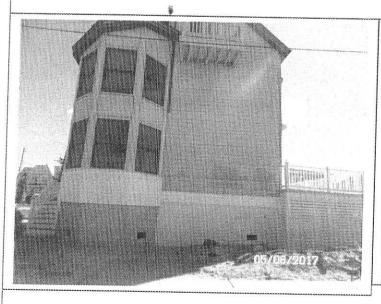
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.

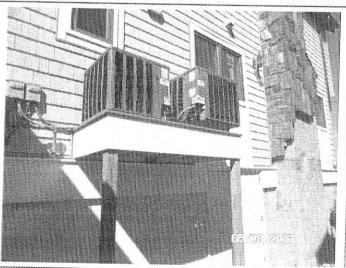




Front View - Date of Photograph: (See Photo Stamp)

Rear View - Date of Photograph: (See Photo Stamp)





Right Side View - Date of Photograph: (See Photo Stamp)

Left Side View - Date of Photograph: (See Photo Stamp)





## **ICC-ES Evaluation Report**

ESR-2074\*

Reissued December 2012 This report is subject to renewal February 1, 2015.

www.icc-es.org | (800) 423-6587 | (562) 699-0543

A Subsidiary of the International Code Council®

DIVISION: 08 00 00-OPENINGS

Section: 08 95 43—Vents/Foundation Flood Vents

#### REPORT HOLDER:

SMARTVENT PRODUCTS, INC. 430 ANDBRO DRIVE, UNIT 1 PITMAN, NEW JERSEY 08071 (877) 441-8368 www.smartvent.com info@smartvent.com

#### **EVALUATION SUBJECT:**

SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: FLOODVENT™ MODEL #1540-520: **FLOODVENT™** STACKING MODEL #1540-521; SMARTVENT™ MODEL #1540-510; SMARTVENT™ STACKING MODEL #1540-511; WOOD WALL FLOOD MODEL #1540-570; WOOD WALL FLOOD **OVERHEAD** DOOR MODEL FLOODVENT™ OVERHEAD DOOR MODEL #1540-524; SMARTVENT™ OVERHEAD DOOR MODEL #1540-514

#### 1.0 EVALUATION SCOPE

#### Compliance with the following codes:

- 2009 and 2006 International Building Code® (IBC)
- 2009 and 2006 International Residential Code® (IRC)

### Properties evaluated:

- Physical operation
- Water flow

#### 2.0 USES

The Smart Vent® units are automatic foundation flood vents (AFFVs) employed to equalize hydrostatic pressure on nonfire-resistance-rated foundation walls, rolling-type overhead doors and building walls subject to rising or falling flood waters. The Smart Vent® units are intended for use where flood hazard areas have been established in accordance with IBC Section 1612.3 or IRC Section R3222.1. Certain models also allow natural ventilation in accordance with Section 1203 of the IBC or Section 408.1 of the IRC

#### 3.0 DESCRIPTION

#### 3.1 General:

When subjected to pressure from rising water, the Smart Vent® AFFVs disengage, then pivot open to allow flow in either direction to equalize water level and hydrostatic

to any finding or other matter in this report, or as to any product covered by the report.

pressure from one side of the foundation to the other. The AFFV pivoting door is normally held in the closed position by a buoyant release device. When subjected to rising water, the buoyant release device causes the unit to unlatch, allowing the plate to rotate out of the way and allow flow. The water level stabilizes, equalizing the lateral forces. Each unit is fabricated from stainless steel. The SmartVENT™ Stacking Model #1540-511 FloodVENT™ Stacking Model #1540-521 units each contain two vertically arranged openings per unit.

#### 3.2 Engineered Opening:

The AFFVs comply with the design principle noted in Section 2.6.2.2 of ASCE/SEI 24 for a maximum rate of rise and fall of 5.0 feet per hour (0.423 mm/s). In order to comply with the engineered opening requirement of ASCE/SEI 24, Smart Vent AFFVs must be installed in accordance with Section 4.0.

#### 3.3 Model Sizes:

The FloodVENT™ Model #1540-520, SmartVENT™ Model #1540-510, FloodVENT™ Overhead Door Model #1540-524, and SmartVENT™ Overhead Door Model #1540-514 units measure 153/4 inches wide by 73/4 inches high (400 by 196.9 mm). The Wood Wall Flood Model #1540-570 and Wood Wall Flood Overhead Door Model #1540-574 units measure 14 inches wide by 83/4 inches high (355.6 by 222.25 mm). The SmartVENT™ Stacking Model #1540-511 and FloodVENT™ Stacking Model #1540-521 units measure 16 inches wide by 16 inches high (406.4 by 406.4 mm).

#### 3.4 Ventilation:

The SmartVENT® Model #1540-510 and SmartVENT® Overhead Door Model #1540-514 both have screen covers with 1/4-inch-by-1/4-inch (6.35 by 6.35 mm) openings, yielding 51 square inches (32 903 mm<sup>2</sup>) of net free area to supply natural ventilation. The SmartVENT™ Stacking Model #1540-511 consists of two Model #1540-510 units in one assembly, and provides 102 square inches (65 806 mm<sup>2</sup>) of net free area to supply natural ventilation. Other AFFVs recognized in this report do not offer natural ventilation.

#### 4.0 INSTALLATION

 $\mathsf{SmartVENT}^{\scriptsize{\textcircled{\tiny{0}}}}$  and  $\mathsf{FloodVENT^{\tiny{\text{\tiny{1M}}}}}$  are designed to be installed into walls or overhead doors of existing or new construction from the exterior side. Installation of the vents must be in accordance with the manufacturer's instructions, the applicable code and this report. The mounting straps allow mounting in wood, masonry and

\*Revised June 2014



concrete walls up to 12 inches (305 mm) thick. In order to comply with the engineered opening design principle noted in Section 2.6.2.2 of ASCE/SEI 24, the Smart Vent® AFFVs must be installed as follows:

- With a minimum of two openings on different sides of each enclosed area.
- With a minimum of one AFFV for every 200 square feet (18.6 m²) of enclosed area, except that the SmartVENT™ Stacking Model #1540-511 and FloodVENT™ Stacking Model #1540-521 must be installed with a minimum of one AFFV for every 400 square feet (37.2 m²) of enclosed area.
- Below the base flood elevation.
- With the bottom of the AFFV located a maximum of 12 inches (305.4 mm) above grade.

#### 5.0 CONDITIONS OF USE

The Smart Vent® AFFVs described in this report comply with, or are suitable alternatives to what is specified in, those codes listed in Section 1.0 of this report, subject to the following conditions:

- 5.1 The Smart Vent® AFFVs must be installed in accordance with this report, the applicable code and the manufacturer's installation instructions. In the event of a conflict, the instructions in this report govern.
- 5.2 The Smart Vent® AFFVs must not be used in the place of "breakaway walls" in coastal high hazard areas, but are permitted for use in conjunction with breakaway walls in other areas.

#### 6.0 EVIDENCE SUBMITTED

Data in accordance with the ICC-ES Acceptance Criteria for Automatic Foundation Flood Vents (AC364), dated October 2013 (editorially revised May 2014).

#### 7.0 IDENTIFICATION

The Smart VENT® models recognized in this report must be identified by a label bearing the manufacturer's name (Smartvent Products, Inc.), the model number, and the evaluation report number (ESR-2074).

# Engineered Flood Openings Certificate To satisfy requirements of the National Flood Insurance Program

This certification must be submitted to, and kept on file by, the local jurisdiction's permit authority. A copy should be retained by the owner to demonstrate compliance in order to receive the best flood insurance rating.

The Smart VENT® and Flood VENT™ Foundation Flood Vent is certified as meeting the flood opening requirements for engineered openings as set forth in the Federal Emergency Management Agency's National Flood Insurance Program regulations (44 CFR 60.3(c)(5)) and ASCE 24-98, provided it is installed according to the those references, as summarized below. Flood openings are required in enclosures below elevated buildings, attached and detached garages, and accessory structures that meet the required limitations. For a copy of the report documenting this certification dated June 21, 2002, and a copy of the National Evaluation Service report NER 624, contact Smart VENT, Inc., at 877/441-8368 or visit:

#### www.smartvent.com

I do hereby certify that the Smart VENT® Louvered Foundation Flood Vent and the FloodVENT™ Insulated Foundation Flood Vent opening (s) is designed for installation in buildings, will allow for the automatic equalizing of hydrostatic flood forces on exterior walls by allowing for the automatic entry and exit of floodwater during floods up to and including the base (100-year) flood. One Smart VENT® or one FloodVENT™ for every 200 Sq.Ft. Of enclosed area will provide sufficient hydrostatic pressure equalization during a flood provided the installation limitations and instructions are followed as listed below. To Calculate the required number of Smart VENTS® or FloodVENTS™ divide the Square Feet of enclosed area by 200.

Example: A 2000 Sq.Ft. enclosed area requires 10 vents. 2000 Sq.Ft / 200 = 10 Vents

Signature Lole L.  Title Professional Engineer  Type of License Professional Engineering  License Number NJ PE GE 26637	ι,	2 Hoo. 2
*Project Name *Project Address		THE STATE OF THE S
*Date Submitted * Required Fields*		Professional Seal

#### Installation Limitations and Instructions

- The Smart VENT® or FloodVENT™ unit provides sufficient automatic equalization of hydrostatic pregsure on walls and foundations of buildings located in flood hazard areas where the rate of rise is expected to be less than or approximately 5 feet per hour.
- Enclosed areas below otherwise elevated buildings, non-elevated attached and detached garages, and certain non-elevated accessory structures located in flood hazard areas are to be used solely for parking of vehicles, building access, or storage.
- 3. Each enclosed area shall have at least two flood openings, installed on different sides of the enclosed area.
- 4. The bottom of the flood openings shall be no more than one foot above the adjacent finished ground level.
- Installation must be in accordance with manufacturer's instructions.

# "REFERENCE ONLY" From FEMA TB 1-93 Guidance for Engineered Openings

Openings in Foundation Walls

National Flood Insurance Program (NFIP) Technical Bulletin TB 1-93

"In situations where it is not feasible or desirable to meet the openings criteria stated previously, a design professional (registered engineer or architect) may design and certify openings. This section provides guidance for such engineered designs. For openings not meeting all four requirements for non-engineered openings listed on page 2 and 3 of TB 1-93, certification by a registered professional engineer or architect is required. Such certification must be submitted to, and kept on file by, the community. These certifications must assure community officials that the openings are designed in accordance with accepted standards of practice. A certification may be affixed to the design drawings or submitted separately. It must include appropriate certification language, and the name, title, address, signature, type of license, license number, and professional seal of the certifier." (TB 1-93 is available through Smart VENT® or online at www.fema.gov)

Form: SMRT100 Rev.A July 2002

This form is the property of Smart VENT Inc., Modification or Duplication is Strictly Prohibited without authorization.